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**ATTN.** Yelena Rossoshek

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**Fax Number** 1 571 273 8300

**Phone Number** 571 272 1905

**FROM** Volel Emile, Esq.

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**Fax Number** 512 306 0240

**Phone Number** 512 306 7969

**SUBJECT** Response to 1st Action (10/668,385)

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**Number of Pages** 31

**Date** 2/15/2006

**MESSAGE**

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1. one copy of a Fax Transmittal Form;
2. one copy of a Fee Transmittal Letter (no fee included); and
3. one copy of the Response.

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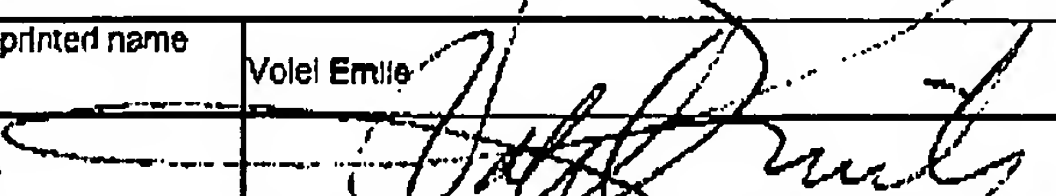
PTO/BB/21 (02-04)

Approved for use through 07/31/2008, OMB 0851 0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/868,385
	Filing Date	02/23/2003
	First Named Inventor	M. Kelly Lalonde
	Art Unit	2825
	Examiner Name	Yelena Rossoshak
Total Number of Pages in This Submission	Attorney Docket Number	CA920020048US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Volel Emile	
Signature		
Date	02/15/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volel Emile	
Signature		Date 02/15/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 15 2006

DOCKET NUMBER: CA920020048US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of:
M. Kelly Lalonde
Serial No: 10/668,385
Filed: 09/23/2003
Title: SYSTEM AND METHOD BASED ON
AN OBJECT-ORIENTED SOFTWARE DESIGN
FRAMEWORK FOR DISPLAYING
CONSTRAINED GRAPHICAL LAYOUTS

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

  X   No additional fee is required  
The fee has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 42 MINUS 53 = 0		x 50 =	\$ 0.00	
Indep. 7 MINUS 7 = 0		x 200 =	\$ 0.00	
1st Presentation of Multiple Dep. Claim			x 360 =	\$ 0.00
			TOTAL	\$ 0.00

— Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By: [Signature]  
Volvel Emilio  
Registration No. 39,969  
(572) 306-7969

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Appl. No. 10/668,385  
Amdt. dated 02/15/2006  
Reply to Office Action of 11/15/2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:	:
M. Kelly Lalonde	:
	: Before the Examiner:
Serial No: 10/668,385	: Yelena Rossoshek
	:
Filed: 09/23/2003	: Group Art Unit: 2825
	:
Title: SYSTEM AND METHOD	: Confirmation No.: 2493
BASED ON AN OBJECT-ORIENTED	:
SOFTWARE DESIGN FRAMEWORK	:
FOR DISPLAYING CONSTRAINED	:
GRAPHICAL LAYOUTS	:

AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of November 15, 2005, please amend the above-identified Application as shown below and consider the following Remarks.

Changes to the ABSTRACT are on page 2 of this paper.

A listing of the pending CLAIMS begins on page 3 of this paper.

Remarks begin on page 22 of this paper.

CA920020048US1

Page 1 of 28

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